

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 6

2. STATE:

CO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) (10) (E) and 1905(p) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 0.00

b. FFY 2003 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 29 Citation 3.2(a)(1)(i)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Remove Buy-in agreement for Part A.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

as per Governor's letter 1994

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard C. Allen

14. TITLE:

Director, Medical Assistance Office

15. DATE SUBMITTED:

March 29, 2002

16. RETURN TO:

Karen Snell

Colorado Department of Health Care Policy
And Financing

1575 Sherman Street

Denver, CO 80203-1714

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 28, 2002

18. DATE APPROVED:

4/04/2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Mark Gilbert

21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: Handcarried March 28, 2002

Revision: HCFA-PM-93-5 (MB)
May 1993
State: Colorado

Citation

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

- (1) Medicare Part A and Part B
(i) Qualified Medicare Beneficiaries
(QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.2.5 of Attachment 2.2 -A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for
____ Part A X Part B

____ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN. No. 02-006

Supersedes

TN. No. 00-009

Approval Date 04/04/02

Effective Date 01/01/02